



# Inspector's / Self- Inspection Report

Clinic name: \_\_\_\_\_

**Type of practice:**

<input type="checkbox"/> Large animal hospital/clinic	<input type="checkbox"/> Large animal ambulatory	<input type="checkbox"/> Small animal hospital/clinic
<input type="checkbox"/> Small animal ambulatory	<input type="checkbox"/> Small animal emergency hospital	<input type="checkbox"/> Embryo transfer facility
<input type="checkbox"/> Consultative	<input type="checkbox"/> Ferret spay/neuter/descending	<input type="checkbox"/> Other

<input type="checkbox"/> PASS	<input type="checkbox"/> IS DEFICIENT (to be deemed "adequate" once addressed)
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Deficiencies requiring immediate attention	Timeframe to correct	Letter with proof	Requires reinspection
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Minor deficiencies requiring attention**

1.			
2.			
3.			
4.			
5.			
6.			
7.			

Inspector's *non-mandatory* suggestions that may help the clinic enhance professional image, etc.

1.
2.
3.

<b>Inspector use only</b>			
Arrival time: _____	Departure time: _____	kms driven: _____	Divide total kms driven by number of practices visited on this inspection trip

\_\_\_\_\_  
Inspector's signature

\_\_\_\_\_  
Date